

215050891
72773

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 140	Agency Case No. B5-112856	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/05/2015		(In Military Time) TIME OF ACCIDENT 1730	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2118	12/06/2015	
B 50	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. West Jennifer NW 7th to NW 2nd		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			831.00	X	NW 7th	
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	Unknown		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N 1	DRIVER	Unknown		PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
G 2	OWNER	Unknown		PHONE	LOCAL NO.	
OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.	
H 5	LICENSE PLATE NO.	Unknown		YEAR (Plate Expires)	STATE (Of Plate)	
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/O 2	VEHICLE ID NO. (VIN)			INSURANCE COMPANY		ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	Legally Parked		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P 8	DRIVER	legally parked		PHONE	LOCAL NO.	
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER	NICK T MOORE		PHONE 4025203589	LOCAL NO.	
OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.	
V1/Q 5	LICENSE PLATE PA NO.	3A7987		YEAR (Plate Expires) 2016	STATE (Of Plate) NE	
V2/Q 3	VEHICLE	2012	GMC	YLT	Medium/large	silver / chrome
K 01	VEHICLE ID NO. (VIN)	1GKS2CE03CR151870		INSURANCE COMPANY Farm Bureau		ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 700
TOWED TO		TOWED BY		POLICY NO. 7949239		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

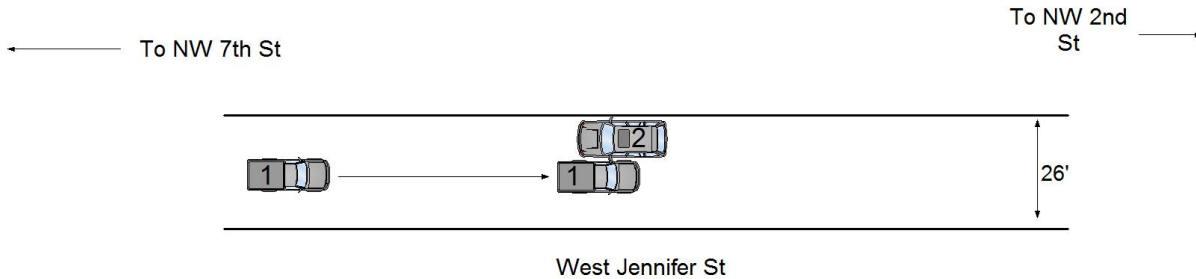
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-112856



Indicate
North
by Arrow



POI- 831' North of the North curb of NW 7th
8' East of the West curb of West Jennifer

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

A unknown vehicle was headed Northbound on West Jennifer between NW 7th and NW 2nd St. The unknown vehicle struck vehicle #2 which was legally parked and damaged the side mirror. The unknown vehicle then left the scene.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS PHONE				PHONE
	NAME ADDRESS PHONE				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1	X				West Jennifer														
2		X			West Jennifer														
1	01				06 Turning left	POINT OF IMPACT	07	POINT OF IMPACT	07	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian					
2	10				08 Entering traffic lane	MOST DAMAGED AREA	07	MOST DAMAGED AREA	07					ALCOHOL LEVEL TESTED Y N		BAC LEVEL Driver No. 1 Driver No. 2			
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 05 06 07 08				ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 1307	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Brock Wagner		INVESTIGATOR SIGNATURE Approved by Officer Brock Wagner	DATE OF REPORT 12/06/2015